

Impetigo contagiosa

Def: superficial pyogenic bacterial infection.

etiology → Bullous → staph only
Non " → both

PRF → — Same

Site face, limbs, scalp

1st lesion Vesicles

Thin, yellowish brown
Def — x Crusting without ulcer
(superficial erosion only).

healing → without scar

III (ABCE) → erythromycin — Same
↓ ↓ ↓
Penicillin
azithromycin

cephalosporins.

Ecthyma

deep pyogenic bacterial infection
That Penetrate dermis.

GABs, staph or both

— + immunocompromised (DM)

legs, buttock, Thigh.

Vesicles, Pustule.

Thick, hard, brown bloody
crusting over
deep ulcer. (Punched out ulcer)

Scar & Pigmentation

— longer duration.
(deeper & US)
lesion.



VISIT...

LANZAROTE
Caliente.COM

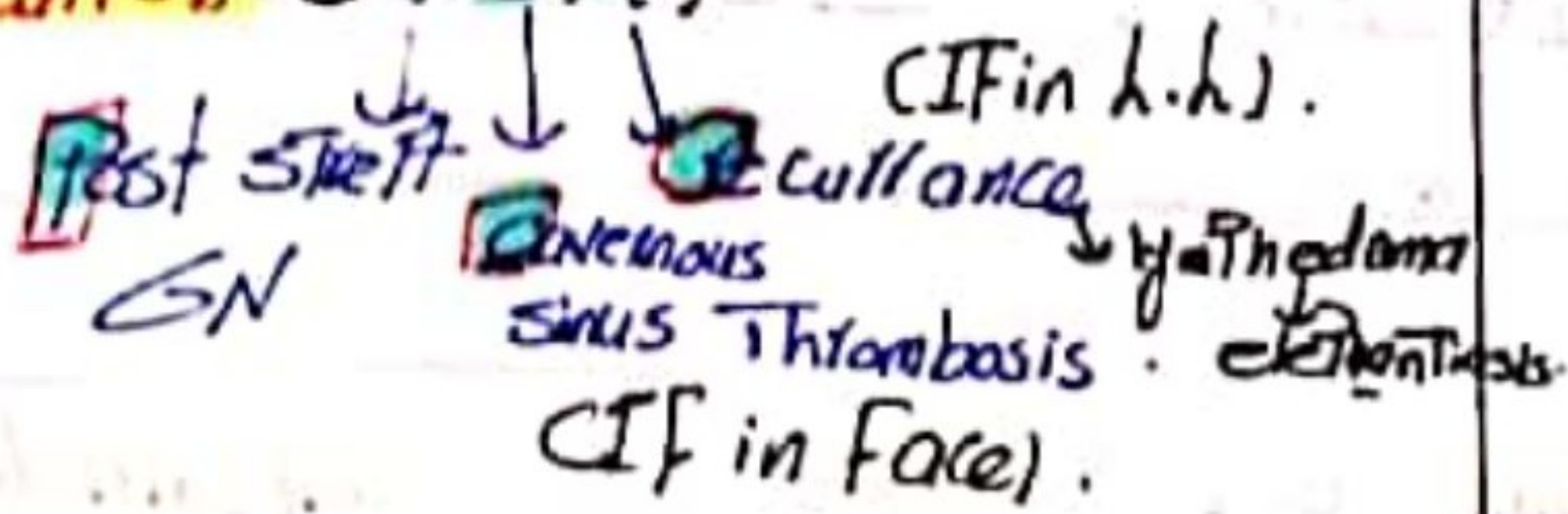
على ارضه الواقع منيش خرق كذا كذا الله, امر

Erysipelas	Cellulitis
def: Pyogenic bacterial infection causes by <u>Streptococci</u>	Pyogenic bacterial infection caused by (<u>strep</u> - <u>staph</u>)
- <u>RF</u>: abrasion. minor Trauma (impetigo نس)	- Same -
<u>CIP</u> 1- <u>general</u> لانصرص و قد لا منه و قد لا يدخلها بعد <u>FAM</u>	<u>CIP</u> - <u>ill</u> defined edge - <u>Never</u> bullae
2- <u>local</u> (sign of inflammation) Redness - hotness - Swelling Tenderness	- <u>less</u> general manifestation. - <u>"</u> Complication. (آخره يغلب ب abscess)
<u>Plaque</u> (sign of inflammation) well defined (demarcated edge).	- <u>more</u> deeper
يعني اخذ راحة تعالج على الاطراف باعته. redness → shiny bright red Swelling → Vesicles, bullae - Its recurrence → lymphangitis → lymph edema → elephantiasis. devitalization of skin →	
يرخد ال <u>strep</u> تاني ← يعمل <u>erysiples</u> تاني	
↓ Viscous يرخلف Circle. (لذلك في الله طول فترة العلاج اسبوع) بعد ما يخف عن ان recurrence	

تلخيصات طبيه

Erysiples

Complication (PCR)



Site: more in leg Followed by
Face and arms.
(dermis - upper G.C)
superficial

III Symptomatic.

[2] Benzathine Penicillin (G).

600,000 unit **I.M** twice daily
till signs & symptoms disappear

Then 600,000 unit daily for one week
to avoid recurrence.

- **Benzyl Penicillin** (600 - 1200 mg
I.V. 6 hours for at least **10 days**.

- **erythromycin** (500 mg every 8 hours
for 10 days or clindamycin
in recurrent cases **long-term**.

Penicillin can be used as
Prophylaxis. (Rheumatiasis)

Cellulitis

less complication

(abscess only)

- all S.C tissue
(**more deeper**)

The same



زوائد الجلدية Skin Appendages

Chair Follicle - Nail - Glands

Skin Proper → more affected by strept
but " appendages → " " by staph

Folliculitis hair follicle التهاب عند hair follicle	Furuncle (boil) الحول acute	Carbuncle (Chronic)
def: inflamm of hair follicles	1st lesion is Nodule (solid - Painful - redness)	شوية boil جنب بعض وبعنا مع بعض
نقسمه على سطح العمق والعمق	Then yellowish pointing (after suppuration)	Thick Fibrous setta سمين
superficial → superficial hair follicle		PDF: Cimmuno Camila
deep → pustules نقطة مخرى سطح الجلد طالع من وسطها		Dm, HF, steroid
- dom share (زك الفتي من الحنك) لجر قاي من داي حنان	Ht: local, systemic antibiotic.	malnutrition:
Dart → Full layer of hair follicle		Site: back:
[2] Psoriasis barbae (barber's itch) Fomicle		Thick لونا الجلد ده
[1] male راجل بيحلق دفته		Thick دمت حنك
[2] Shaving		Fibrous setta
[3] barbae اللون		- Thigh, shoulder احد القدم اليد
لانه بيحلق بيحلق abrasion يدخل		[CIP] → large indurated
red Papule Staph تعمل		Painful red swelling
Pastule طالع منها شرة		with multiple draining
on erythematous base رقايدة على جلد ملتهب		Site and necrosis of
(Pseudo Folliculitis barbae) الشعرة تنمو العرفا ارتطول وتخرم		intervening skin
الجلد الجسم يتدخل لها كانه		Forming a yellow slat
red Papule ← Hyper sensitive reaction (F.B Granuloma)		less general manifestation
- زكالي خيلوا انه راجل بيحلق دفته		

T.B Mycobacterium T.B

1st T.B complex (Chancres)

Exogenous (direct)

individual isn't previously infected.

lesions: (T.B Chancres) 3+3

1 Papule or Nodule (2-4 w) at site of contact

تتبع رين
خود

indolent Non tender (Unlimited)

2 Shallow ulcer with granulomatous (base)

3 heal by scar formation.

lymphadenitis - lymphadenopathy

lymph Vessels (خط لنفاوية)

حيز الطرف

الموصل لل L.N

2nd T.B

Organism: exogenous - endogenous

Patient: individual previously infected (vaccinated, infected)

lesion: according to patient immunity (B.C.G) طوة (مقاومة)

moderate to high (تعداد لين T.B والجسم) (Lupus vulgaris)

infection BCG ← exogenous - ازاي وصل للجسد
direct blood ← endogenous

حينئذ ان الازمنة ف الجسد

more in Face

حالة المريض

moderate to high.

lesion وصف ال

deep seated nodule

reddish brown

Plaque composed of deep seated nodule.

heal by Scar formation.

(Thin smooth unhealthy scar).

شفى ← فعلا ان فيه activity

يعني سببها ان حصل تعادل

بين TB (Nodule) والعدوى (Scar)

- contractile.



exogenous

endogenous (lymph)

Lupus Vulgaris

Tuberculosis Verrucosa cutis
= warty TB = verrucal T.B

Scrofuloderma

- immunity moderate to high

Very high immunity
C $\uparrow$ cell mediated "

low immunity

lesion

brown plaque composed of
deep seated nodules
with gelatinous consistency(apple jelly nodule)
Discolor Test

Site more in face

Rough - irregular - fissured

Nodules (شبه السنط)

warty T.B

افرق عن الورد السنط
redish haloes
لو اضرت ببقع هكده T.BKnee, elbow, hands, feet
dorsum
buttock

Firm, Painless bluish

Nodule. Then

Undermined ulcer
granulating base.
discharge of pus
exudate.- Supraclavicular
- Side of neck
- axillary
- Groins= route of exogenous
Spread $\rightarrow$ BCG, infection
blood
endogenousminor abrasion, trauma
يدخل فيها T.Blymphatics (الغدد الليمفاوية)
direct extension ofT.B infection to
Skin From T.B focus
L.N., bone, joints.
Pulmonary T.B.healing heal by scar
Ethnic, unhealthy
Contractile scarheal by scar, may
spontaneous recovery without
treatment due to high immunity

بغضيرة

2ry infection may cause
lymphadenopathy Not
due to T.B itself.it may heal even
without treatment leaving
unsightly scar

tuberculin test

+ve

Tuberculoid

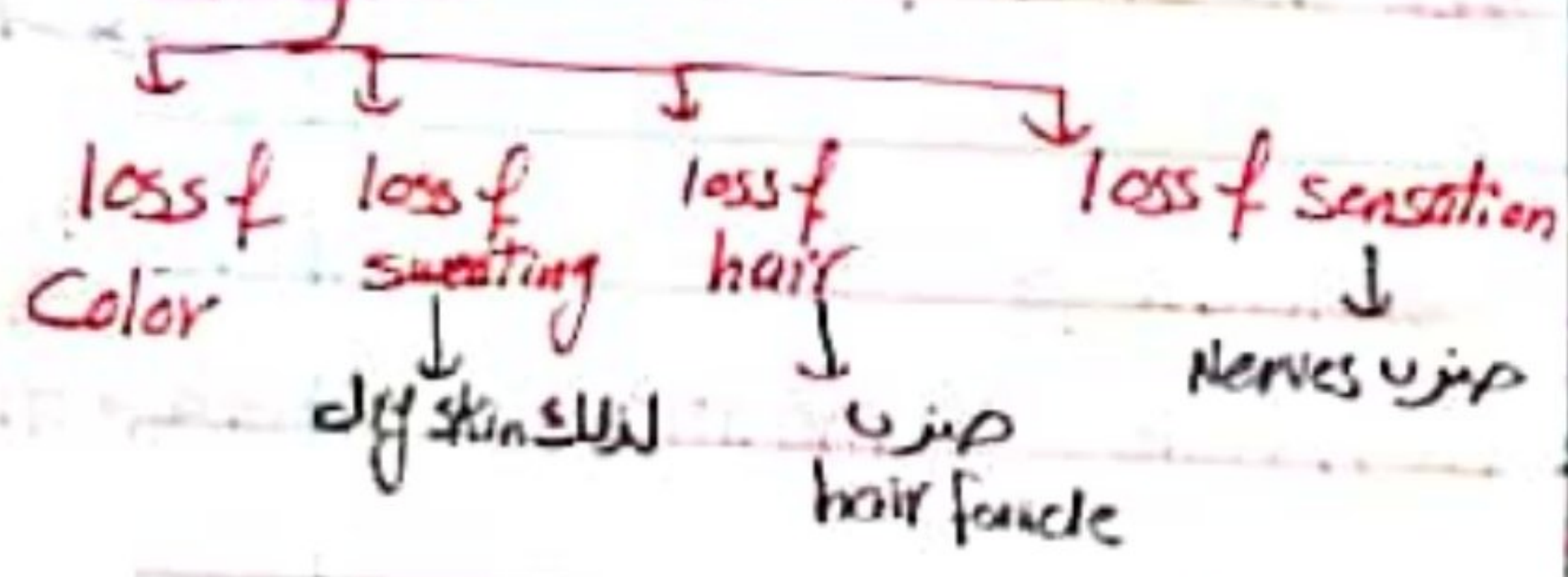
CIP

- Skin lesion (Present)
- Number → Few, single
- Site → asymmetrical
- lesion → Plaque, macules
- edge → well defined, sharply cut, well demarcated
- Center → raised, sloping down to the center

Center → marked hypopigmented & loss

Color → erythematous Plaque

4 loss



Nerve lesion (Present)

- Number → Single, few
- Site → asymmetrical
- Timing → early affection
- Severity → marked

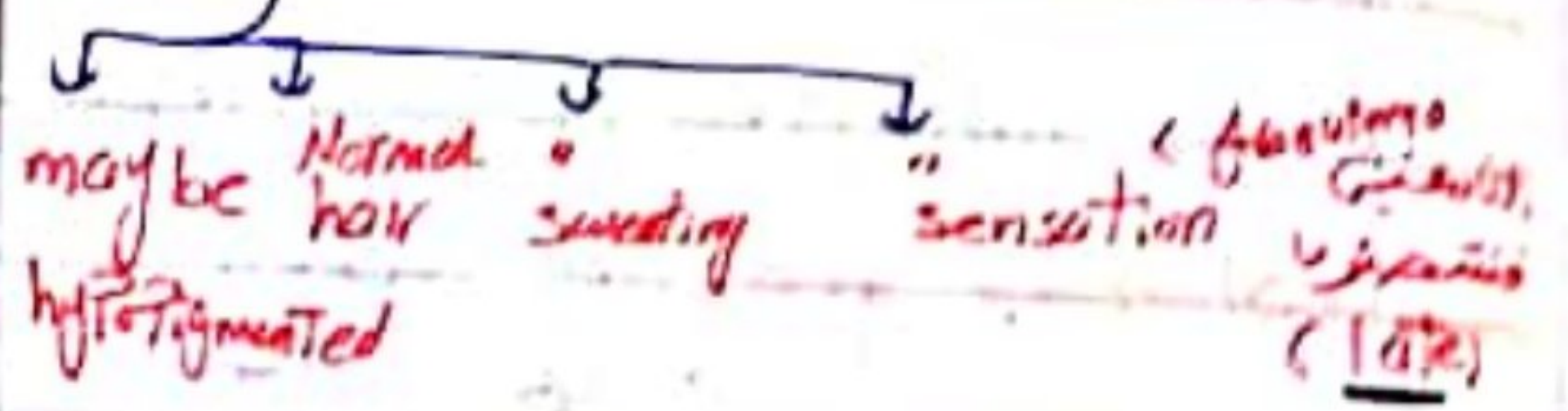
Ch → Thick, Nodular, tender

Lepromatous

CIP

Skin lesion (few)

- Number → ↑ (even 100 lesions)
- Site → bilateral, symmetrical
- lesion → Papule, Nodule, macule
- edge → ill defined (vague)
- center → Shiny
- Color → erythematous (pink), red, or normal skin color



(Nerve lesion)

- Number → Numerous
- Site → bilateral, symmetrical
- Severity → mild affection
- Time → late in Disease
- Ch → smooth

internal organs (Present)

- RES
- Kidney - muscle

lepra reactions

acute reaction: حادة Chronic: مزمنة

Type I (acute exacerbation)

Type I leprosy: TT and BT (حادثة / حادة)

mech: alteration (change) of cell mediated immunity

(cell mediated ")

Cause: after starting ttt, during Purification, Spontaneously

CIP

old lesion: same but become inflamed, swollen, tender

New lesion → No New lesion (لا تظهر احداث جديدة)

general → mild FAHm (خفيفة / معتدلة)

systemic → No other system affection.

- Nerves (swollen, tender, loss of function) → sensory or motor
Serious complication as Facial Palsy and dropped foot occurs.

Histopathology: -> Untreated → ↑ bacilli and vacuolated macrophages
-> ttt → ↓ bacilli
↑ lymphocyte
giant cells

ttt of lepra reactions

Type II (erythema nodosum leprosum)

Lh and Bh (حادثة / حادة)

immune complex mech.

(Humoral immunity)

spontaneously, while under ttt

CIP

New lesion → Painful, red nodule, suppuration, ulceration

old lesion → No change (لا تتغير)

general → severe FAHm (Ag-Ab complex)

systemic → multiple system affected

Nerves → mild affection.

- Few fragmented bacilli
- vasculitis (Ag-Ab complex deposits)
- PMNs



Types of leprosy

Tubercularoid leprosy

Borderline leprosy

Lepromatous leprosy

- Persons with good immunity
- lepromin test → strong +ve
- Site → nerve may be skin (Neural leprosy).

Skin lesion: Few (single), asymmetrical
Site: Face, limb

كذلك باقى ال Ch من وصف
tt. Skin lesion

- Skin lesion is intermediate between two Polar types
- CTT and LHI
- lesions, macules, Plaque, annular
- asymmetrical.
- Nerve is early affected

lepromin test is variable
→ weak +ve in Tt
→ -ve → Bh-BB

SSS → +ve but less than in hh.

- Low immunity
- lepromin → -ve
- Skin, Nerves, mm, eye
- internal organs.

Skin lesion: macules, Papules
bilateral, symmetrical

Site: face, ear, limbs
- leonine facies (فأر الجوز)

Indeterminate leprosy

Borderline tuberculoid

Borderline lepromatous

- Patient is young
- early type of Disease
- Present with one, few hypopigmented, erythematous

macules → small
→ Poorly defined edge
→ Normal US

in lesion
Normal hair, sweat, sense

lepromin test → is variable

Those with strong immunity

may cure or persist in this stage

Those with poor immunity

Progress to other forms of Disease

Border line Tuberculoid (hh)

- lesion similar to those in Tt but are smaller
- more numerous

Nerves → less enlarged

Fate: Disease can remain in this stage, convert back to Tt or progress to Bh or hh

(ع) حسب ال immunity الحرج
هنا ملوك

- lesions are numerous
- Plaque, Papule, macule
- but less symmetrical than hh

Nerves → anathesia is absent or moderate

regional adenopathy is present.

Fate: may remain in this stage, improve or regress to hh.

endogenous (corficie).

endogenous (blood).

T.B cutis orificialis

milky T.B

T.B gumma

very low immunity.

— low immunity —

او ادم في قنزان
low resistance.

Cimmuno compromised - children

Painful ulcer

يعمل قبلها Papule
تسبب ulcer حشر حشرات
تشوغة اصلاً
(مناعة ضعيفة جداً)

Papule, vesicle, Pustule

cross of lesion

(millet size)
في تجمعان
(حبة الدس - الثغير)

single or multiple (غنية)

Not Nodule →
Painful

ulcer →

heal by scar

with severe advance
Visceral T.B - ^{site of} trauma

body orifices) من جوارب

Lung → Nose, mouth, tongue

fil → anus

urinary meatus.

blood (في جوارب)

(Lung)

blood

it affect the extremities
more Than Trunk.No tendency to spontaneous
healing.

±ve

Poor Prognosis

-ve

-ve



tuberculoid

internal organs → Never

microbiology

SSS → -ve

lePromin → +ve

HistoPathology (bioPsy)

granuloma with No lepra bacilli
as it's Paucibacillary

tlt → For 6 month

Prognosis → good

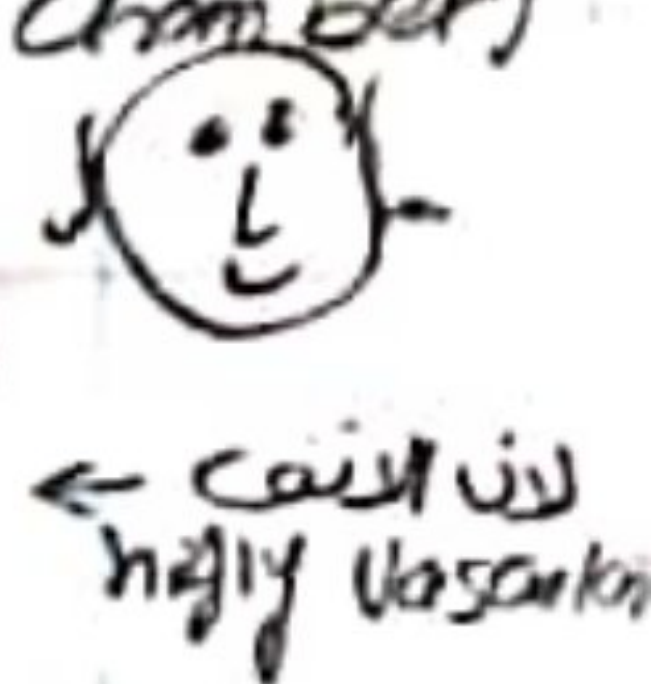
Lepromatous

mucous membrane (UPR-mouth)

eye (iritidocyclitis in ant chamber)

Nose (x septum → saddle nose)

Common epistaxis



- Nodule in ear, forehead

→ "leonine faces"

xx testis → atrophy, impotence

[3] Special Ch. (diagnostic)

- loss of outer $\frac{1}{3}$ of eye brow (late)

- loss " eye lashes

saddle nose - epistaxis

- leonine faces

microbiology

SSS → +ve

lePromin → -ve

HistoPathology

Foam cell (vacuolated macrophage)

very waxy بلعنة mach

حوالين lepra bacilli

tlt → For 2 year (-ve SSS)

Prognosis → bad

contact dermatitis

irritant contact dermatitis

Cause: result from exposure of the skin to the external irritant (acid, alkali)

Patient: all exposed persons.

Site: → limited to the site of contact

زمان: 1st exposure (الولادة قوية زي رائحة)
 - take short duration.
 - cumulative effect "irritant is weak, mild"
 - المنظفات & detergents

immunity: → No immunological role (direct irritant).

exa: alkali, acid, Fiberglass.
 irritant substance

← زي اشتعال خطوا ايديهم في جردل حمض قوي
 اللد سيحرقه

allergic contact dermatitis

Not all exposed persons

bilateral (Not limited to site of contact).
 (blood spread).

Never with 1st exposure
 with repeated exposure.
 (long duration).

delayed Hyper sensitivity reaction.

exa: Rubber, Plastics, hair dye
 Some drugs (Sulpha, Penicillin).
 Chromium in cement

allergic sensitizer substance.

← افاده شخص انعرف الحاجة
 عليه Foreign
 ← لانتقال t-cell انعرفت
 لangerhans cells
 عليها كونت ليها memory
 انعرفت لاني تعلم مسلية

atopic eczema.

infantile

Site: Face & Cheek,
Forehead, neck
Flexor extremities

Age 2-2 year
month

ch. & acute

- ill defined erythematous
Patch → itching
Pustles → 2ry infection
rubbing Cheek.
irritable.

2ry infection → lymphadenopathy

- oozing surface →
Vesicle, Papule →
crust. Scale
↓ ↓
لوزنشفات لوزخرفصا

Childhood

Cubital, Popliteal Fossa
Side of The Neck
& Flexor extremities

2 - 12 year

Severe itching For
long Period →
lichenification, scales,
crust

adult hand

localized → eye
anus, around mouth
Generalized, Cubital
Popliteal, Forearm

7-12 year

some →
↑ lichenification
→ linear erosion
excoriation.

2ry infection

نخالة اعبر شنت (معدودة الألوان).

Dermatofyte اسم الفطريات	Yeast الخميرة	Yeast الخميرة
General - microsporum - Trichophyton - Epidermophyton ATM المرض Ring worm = Tinea etiology Trichophyton: skin, Hair, Nail Epidermophyton: skin, Nail المجلد والطاغر الجلدية microsporum → skin, hair كلمة بيض بوال الجلد direct ① Human to human (disseminated to healthy) ② animal - human (dog, cat, horse, camel) ③ Soil (rare) indirect (contaminated Towels) Human to human. CIP عالجوا ① scalp (Tinea Capitis) ② Non hairy skin (Tinea Corporis) "Tinea Circinata" " = corporis" ③ Hairy skin (groin, Genitalia) Tinea Cruris ④ axilla → Tinea axillaris	malassezia Furfur, globosa = scales Pityriasis Versicolor = Tinea " " etiology كونا yeast برصو PDF " Candidiasis " (زى) Pregnancy, immunosuppressive ⑤ genetic Predisposition 1- اسعد 2- Warm, Humid (طوبى - حرارة) ↓ * عرض صيفي Site " لابس يتشرب " Trunk, upper Third of limb, Face (rare) (Pityriasis Rosea) (زى) Lesion → macules enlarged → Patch ③ اوصاف (Pityriasis) Fine scales - (فان الهم) Hyper - Hypo - (معدودة الألوان) well defined - edge	Candida albicans Candidiasis = moniliasis = candidosis etiology Commensal organism, opportunistic pathogen in fit, Vaginal, skin, mm PPF (under certain condition commensal → Pathogenic) " ي حاجة توقع اكلو " 1- Pregnancy - DM Drugs (antibiotic - steroid) - immunosuppressive Humidity, maceration - (housewife) (زى) ③ Very (very old - very young - very ill Persons) CIP ① systemic Candidiasis (saver - immune) تروح تدا العروق اهميا blood - CNS.

Dermatofyte	Yeast (Pityriasis versicolor)	Yeast (Candidosis)
⑤ beard area <i>ctinea barbaei</i>		I local Candidosis m.m (mouth ← فوق genitum ← رجت)
⑥ Palm, Sole <i>Tinea manuum</i> <i>Tinea pedis</i>		II genital candidosis - male → maniaal prot. Peri anal خامة لجان ↓ undum scried male
⑦ Nail <i>ctinea unguis</i> = onychomycosis ظفر ظاهر غير دقيقة لان اي خطر ضرب الظفر		- Female → Vulvo Vaginitis balanitis خامة لجان حلل، فاعل، صغيفة، تباخر
* <i>ctinea unguis</i> - Pityrius " f. lichen Planus f. Nail		III mouth → Oral Thrush صر فذجا and superficial glossitis (fibrin, deep with - white - fungal plaque) Pseudomembrane, whitish • Painful, adherent to underlying mucosa it's inflamed, friable HIV ضعف مناعة
		(Perleche) → angular Cheilitis منه تباخر erythema, cracking at angle of mouth.
		IV Skin

dermatofyte

Trichyasis versicolor

Candidiasis

+++

① Local for local infection

1- Imidazole derivatives

(act on dermatofyte, yeast)

(Broad spectrum antifungal)

→ Clotrimazole 1% - 2%

miconazole 2%

Ketoconazole 2%

② Naftifine, terbinafine

white field's ointment

(act on dermatofyte only)

شفوي - whitefield ointment

- Salicylic acid 3

- Benzoic acid 6

- Lanoline 12

[- Vaseline 100

(كحل 100 مل الفازلين)

③ magenta Point

(Castelloni Point)

→ inflamed f. Pedis

Systemic → extensive infection

alopecia = Tinea capitis

① Local +++ (علاج موضعي)

① → Same (Imidazole)

② Sodium Thiosulfate 30%

③ alcoholic with field lotion

(مخفف في زيت)

الطبقة من الفازلين

④ Sodium hyposulfite 30%

⑤ selenium sulfite 2%

(سليمونيت)

Systemic

① Ketoconazole 200mg 1d → 10 days

② itraconazole 200mg 1d → 7 days

③ Fluconazole 50mg / week → 24 weeks

① Local +++ (علاج موضعي)

① Castellani Point

② gentian violet 1-2%

(علاج موضعي)

③ Nystatin cream, Powder

↓ anti candida only

④ imidazole derivative

⑤ +++ of PD (castellani)

Systemic

① Fluconazole 50mg 1d

② itraconazole 200mg 1d

③ Fluconazole 200mg

for one day

Demotocyte

III Griseofulvin (Diflucan)

antifungistatic against dermatophytes

(one tablet 125 mg / 1 to 4 mg)

(12,5 mg / 4 mg)

تأخذ بعد الأكل 2-3 مرات

Duration:

1. Tinea capitis (6-8 weeks)

2. cruris - corporis Tinea

3 weeks

3. onychomycosis (تلفظ)

6 months For Finger Nail

12 months for Toe Nail

(3 → 6-8 → 12)

II Terbinafine →

Fungicidal against dermatophytes

(250 mg / day → adult)

(50 mg / day → children)

Duration:

1. Tinea capitis → 6 weeks

2. cruris - corporis Tinea

3. onychomycosis (2, 4, 6)

Azole Systemic: - (200 - 200 - 150)

II Itraconazole (dermatofyte and yeast).

200 - 400 mg 1 day (One week in month).

Duration.

- ① Tinea cruris. corporis. Pedis → 200mg 1 day For one week
- ② Onychomycosis → 200mg bid For only week every month →
For 2 month → Finger Nail.
and For 3 months in Toe Nail.

III Fluconazole (mainly yeast but has effect on dermatofyte)
150mg / week حبة في الأسبوع
حبة شهر

Duration.

- ① Tinea cruris → 150mg 1 week → 4 weeks.
- ② Onychomycosis → 150mg 1 w → 3 month For Finger Nail
6 month For Toe Nail.

III Voriconazole (broad spectrum antifungal)
200mg daily 1 to day (hepatotoxic).
duration.

- ① tinea cruris → 200mg 1 day For 10 day.

Tinea capitis

العدس - ٣ اوصاف
 - ٣ أنواع
 - ٣ مميزات
 - ٣ أسباب

١. Scaly ring worm
 ٢. Black dot ringworm
 ٣. Kerion

Children (♂ & ♀)
 organism → t. violaceum
 microsporum
 canis

② Black dot ringworm

→ children

Co → t. violaceum

③ Kerion

animal → Human

Co → m. canis
 t. verrucosum

④ Favus
 قشرة صفراء

Children - adult

Co → t. schoenleii

شظائلي - أكلاني

Tinea corporis

الرجل

trichophyton - microsporum → Co

وصف المكان - lesion

Site → Non Hairy Skin
 (arm - shoulders)

lesion → erythematous patch

edge → well defined
 → central healing with
 advanced edge
 → raised
 → active edge
 → Circular Pattern

الشفوي يعني active lesion

1. يعني لو بصبت القرحة

Frurms, itchy

2. crusty - scale

3. erythema لونها احمر

Tinea axillaris

تفصيل

الرق (1) لثقل

⑤ بينها هرش برش جاد

Tinea barbae

superficial → carbon

deep → pustular + kerion
 Fungi cutitis

→ angle of jaw

كلية بتطلع صير يد أكترف

مكان

Tinea cruris

→ same

⑥ الغرق بس انها فيها
 itching, irritation
 عني

Tinea pedis

(tinea of athletic foot)

Dm ① خالسا حكة عينا

⑦ حارة ← لا سحوة

⑧ طبقة ← hyperhydrosis

Types (٣. مكان - وصف)

① Scaly interdigital

(4th - 5th toe)

→ soft... whitish
 maceration

② Vesiculobullous type

site → side of toes, dorsal
 of foot
 lesion, vesicles, bullae

③ Scaly Hyperkeratotic

side of foot, lower heel

→ scaly Hyperkeratotic

(Pres area)

Tinea capitis.

- ① scaly, black dot type
circumscribed Patch of loss of hair
black dot → black stumps
infected hair become Thinned, break
at surface of skin remaining
hair follicle)

Scaly (brittle, broken hair) ^{كشال}

erythematous skin white scales . ^{جلد احمر وعشرة بيضا}

No scar - No alopecia.

② Kerion.

m. canis → severe inflamm of dermis
swollen, edema vised boggy swelling
of scalp

Follicle ooze → ^{توهل للشعر}

③ Favus.

Scutulum → silver yellowish
crusting, cup shape, mousey odour

طالع منة, سطحها اشعة ← ^{Thin, long} ^{كشال} ^{break into two parts}

honey comb app ^{كشال} ^{شعره حوز القند}

Scarring → cicatricial alopecia

T. manum.

Pedis 1st, 2nd, 3rd finger

T. unguis.

- ① discoloration, opacity of nail ^{لون الكيتين}
- ② Subungual hyperkeratosis ^{الادراك تحت الظاهر}
- ③ Thickening, cracking of nail ^{الظفر يفتك}
- ④ onycholysis ^{انفصال}

T. tinea cognita. Steroid modified

Tinea توعية كان عذره
واشخصيت غلط لى
فأخذ steroid → قال الالتهاب
خف → بس لما وقف
الsteroid → حصل rebound وجع
الlesion بس عثر بالصورة
الal. col الالتهاب بينا عليها
لذلك هنا history مهم جداً